

COMOMAGINST 11014.1K

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19 OCT 1998

COMOMAG INSTRUCTION 11014.1K

Subj: MATERIAL ZONE INSPECTIONS

Ref: (a) Navy Regulations 1990, Article 0808

Encl: (1) Material Zone Inspection Form
(2) Material Zone Inspection Memorandum

1. Purpose. To identify areas of responsibilities and promulgate a plan for periodic material zone inspections of Commanding Officer, Mobile Mine Assembly Group (COMOMAG) Headquarters, Building 36.

2. Cancellation. COMOMAGINST 11014.1J.

3. Discussion. It is necessary for all departments to help keep Building 36 in a clean and safe condition for the benefit of everyone.

a. Reference (a) states that the Commanding Officer (CO) shall hold periodic material inspections of the command to determine deficiencies and cleanliness.

b. The importance of high standards of cleanliness and appearance cannot be over emphasized. Department Heads will establish programs to meet these objectives. Pursuant to these standards, material inspection procedures are established to ensure cleanliness, safety and elimination of fire and high wind hazards.

4. Procedures

a. Per enclosure (1), Building 36 is divided into three zones (A, B, and C), that are to be inspected monthly or as promulgated by the Executive Officer (XO).

b. The material inspection will be a working inspection commencing at 0900 on the last Thursday of each month. Every effort will be made to give each zone sufficient time in preparing for the inspection.

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c. The XO will be the Inspecting Officer (IO) or will assign an alternate officer as necessary. The Command Master Chief and Facility Manager will accompany the IO and serve as the recorder.

d. Utilizing enclosure (1), the IO is authorized to examine all physical aspects of the area, building and equipment assigned to their zone. The inspection includes, but is not limited to, the following:

(1) Cleanliness, orderliness and neatness.

(2) Existence of safety and fire hazards.

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(3) Maintenance deficiencies such as roof leaks, leaking faucets, broken windows and necessary painting or structural discrepancies.

(4) Energy conservation problems, whether caused by poor maintenance, improper operation or design.

(5) Existence of litter, trash or debris.

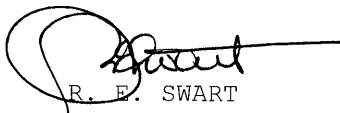
Note: The IO will Annotate items that demonstrate corrective action from previous zone inspections. Repeat discrepancies shall be identified by placing an (R) before the item. Safety and fire hazards shall be identified specifically noted by placing an (S) or (F) before the item. These notes will be brought to the immediate attention of the Facility Manager, Safety Officer and Fire Warden as appropriate. Notification made and action taken at the time of the inspection shall be noted on the inspection form.

5. Responsibilities

a. Inspecting Officer. Perform zone inspections and provide the Administrative Department with completed inspection forms, enclosure (2), no later than 1300 the following day.

b. Administrative Department. Provide previous inspection results and forms to the IO on day of inspection. Upon completion of the inspection forms, route the original inspection form to the XO for approval prior to distributing a copy to each Department Head. Maintain command file copy.

c. Department Heads. Initiate action to correct discrepancies. When corrective action is beyond the capability of the department, (e.g., electrical or structural discrepancies), the Department Head will submit a request to the Facility Manager delineating the nature of the discrepancy. The Facility Manager will submit work requests or trouble calls to Public Works Department when required. Department Heads will inform the XO via Facility Manager by memorandum of corrective action taken no later than five (5) working days prior to the next scheduled material zone inspection.



R. E. SWART

Distribution: (COMOMAGINST 5216.1R)
List I (Case A)

MATERIAL ZONE INSPECTION FORM
ZONE A

RESP ROOM			<u>DISCREPANCIES/CORRECTIVE ACTION TAKEN</u>
<u>DEPT</u>	<u>NO.</u>	<u>SPACE</u>	
N011	131	CO Office	_____
N011	127	XO Office	_____
N011	N/A	CO Secretary	_____
N011	126	Officer Head	_____
N011	125	CMC Office	_____
N3	124	Coffee Mess	_____
N3	120	OPs Office	_____
N3	121	OPs DH Office	_____
N3	N/A	OPs Passageway	_____
N3	118	Male Head	_____
N3	117	Female Head	_____
N3	116	Quarterdeck	_____
N1	111	Admin Office	_____
N1	112	Admin Passageway	_____
N1	115	Admin DH Office	_____
N6	113	Admin Strong Room	_____

Note: (List safety/fire discrepancy action taken as appropriate.)

INSPECTOR COMMENTS: _____

MATERIAL ZONE INSPECTION FORM
ZONE B

<u>RESP</u>	<u>ROOM</u>		
<u>DEPT</u>	<u>NO.</u>	<u>SPACE</u>	<u>DISCREPANCIES/CORRECTIVE ACTION TAKEN</u>
N5	110	Gear Locker	_____
N1/N5	N/A	Quarterdeck (west wing)	_____
N1	108	Male Head	_____
N5	107	Female Head	_____
N5	101	Training Space	_____
N4	N/A	Disaster Preparedness Locker	_____
N5	105	N5 Office	_____
N5	103	N5 DH Office	_____
N5	106	Passageway	_____
N7	201	Conference Room	_____
N4	202	Supply Storeroom #2	_____
N6	202	AIS Storage	_____
MAA	203	MAA Office	_____
N7	205	Training Office	_____
N7	206	Laundry Room	_____
N1	207	Mechanical Room	_____
N7	208	Crews Lounge	_____
N7	210	Training Passageway	_____

Note: (List safety/fire discrepancy action taken as appropriate.)

INSPECTOR COMMENTS: _____

MATERIAL ZONE INSPECTION FORM
ZONE C

RESP ROOM

DEPT NO. SPACE**DISCREPANCIES/CORRECTIVE ACTION TAKEN**

N4	214	Female Locker Room	_____
N4	216	Gear Locker	_____
N4	217	Male Locker Room	_____
N4	222	Bunk Room Passageway	_____
N6	223	Supply Passageway	_____
N4	224	Supply Storeroom	_____
N6	225	AIS Office	_____
N4	227	Supply DH Office	_____
N4	228	Supply Office	_____
N4	N/A	Paint Storage	_____
*	N/A	Outside Compound	_____
*	N/A	Mine Displays	_____
*	N/A	Outside Grounds	_____

* FACILITY MANAGER COORDINATE WORKING PARTY

Note: (List safety/fire discrepancy action taken as appropriate.)

INSPECTOR COMMENTS: _____

MEMORANDUM

Date: _____

From: Executive Officer/Zone Inspector
To: Cognizant Department Head(s)

Subj: MATERIAL ZONE INSPECTION

Ref: (a) COMOMAGINST 11014.K

Encl: (1) Zone Inspection Comments/Discrepancies

1. Per reference (a), a material zone inspection of COMOMAG Zone ____ was conducted on _____. Ensure all discrepancies noted on enclosure (1) are corrected/annotated and returned to me by _____.

(Signature)

Copy to:
Dept Head(s)

FIRST ENDORSEMENT

Date: _____

From: Cognizant Department Head
To: Executive Officer

1. Enclosure (1) is forwarded for your review.

(Signature)

Enclosure (2)